



# House of Representatives

General Assembly

**File No. 384**

*January Session, 2001*

House Bill No. 6940

*House of Representatives, April 19, 2001*

The Committee on Human Services reported through REP. GERRATANA of the 23rd Dist., Chairperson of the Committee on the part of the House, that the bill ought to pass.

**AN ACT ALLOWING ACUTE CARE GENERAL HOSPITALS TO GRANT PRESUMPTIVE ELIGIBILITY FOR ENROLLMENT IN THE MEDICAID PROGRAM.**

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 17b-277 of the general statutes is repealed and the following  
2 is substituted in lieu thereof:

3 (a) The Commissioner of Social Services shall provide, in accordance  
4 with federal law and regulations, medical assistance under the  
5 Medicaid program to needy pregnant women and children up to one  
6 year of age whose families have an income up to one hundred eighty-  
7 five per cent of the federal poverty level.

8 (b) The commissioner shall implement presumptive eligibility for  
9 appropriate applicants for the Medicaid program with an emphasis on  
10 pregnant women. Such presumptive eligibility determinations shall be  
11 in accordance with applicable federal law and regulations. The  
12 commissioner shall provide such presumptive eligibility

13 determinations on a pilot basis, in one district office, beginning June 1,  
14 1991, and shall provide them state-wide effective September 1, 1991.

15 (c) Any acute care general hospital licensed by the Department of  
16 Public Health may implement presumptive eligibility for appropriate  
17 applicants for the Medicaid program. Such presumptive eligibility  
18 determinations shall be in accordance with applicable federal law and  
19 regulations.

**HS**      *Joint Favorable*

The following fiscal impact statement and bill analysis are prepared for the benefit of members of the General Assembly, solely for the purpose of information, summarization, and explanation, and do not represent the intent of the General Assembly or either House thereof for any purpose:

---

**OFA Fiscal Note**

**State Impact:** Potential Cost

**Affected Agencies:** Department of Social Services

**Municipal Impact:** None

**Explanation****State Impact:**

This bill allows hospitals to grant presumptive eligibility for the Medicaid program to appropriate clients. For those clients who have eligibility pending or who would have applied for Medicaid without this bill, presumptive eligibility will speed up the reimbursement process. This will not result in increased costs to the state, as the enrolment would have occurred without the bill. However, to the extent that this bill results in hospitals granting presumptive eligibility to clients who would not otherwise have enrolled in the Medicaid program, enrolment, and thus costs, in the program may increase. The recommended funding levels for the Medicaid program included in HB 6668 (the FY02 - FY03 budget bill) assume caseload increases and should be sufficient to handle any increased enrolment as a result of this bill.

**OLR Bill Analysis**

HB 6940

***AN ACT ALLOWING ACUTE CARE GENERAL HOSPITALS TO GRANT PRESUMPTIVE ELIGIBILITY FOR ENROLLMENT IN THE MEDICAID PROGRAM.*****SUMMARY:**

This bill allows any acute care general hospital licensed by the Department of Public Health to implement presumptive eligibility for appropriate applicants for the Medicaid program. The presumptive eligibility determinations must follow applicable federal law and regulations. While the bill does not define “appropriate applicants,” the statute the bill amends requires the Department of Social Services (DSS) commissioner to implement presumptive eligibility under Medicaid for appropriate applicants with an emphasis on pregnant women.

Connecticut currently has Medicaid presumptive eligibility for pregnant women and children under age 19 whose family incomes are under 185% of federal poverty level.

EFFECTIVE DATE: October 1, 2001

**BACKGROUND*****Presumptive Eligibility***

Federal law allows a state Medicaid plan to make medical services available to pregnant women and children under age 19 covered by Medicaid during a “presumptive eligibility period,” which begins when an entity qualified under federal law determines, based on preliminary information, that the family income is within the program’s limits and ends when a final decision is made on eligibility or, if no formal application is filed, on the last day of the month following the month when the initial presumption of eligibility was made, whichever is earlier (42 U.S.C. §§ 1396r-1 and 1396r-1a). State

law requires the DSS commissioner to implement presumptive eligibility for children applying for Medicaid, as well as pregnant women and children up to the age of one, in accordance with the federal law. DSS has implemented presumptive eligibility for pregnant women by contract through its Connecticut Community Healthcare Initiative. Some hospitals are already involved in this effort through their out-patient clinics.

***Related Bill***

HB 5609, also favorably reported by the Human Services Committee, specifies that hospitals can be qualified entities for purposes of determining presumptive eligibility for HUSKY Part A (which is funded by Medicaid) for children who are their patients. Currently, DSS is in the process authorizing a number of entities to make these presumptive eligibility determinations. Hospitals are already scheduled to begin doing this in May 2001.

**COMMITTEE ACTION**

Human Services Committee

Joint Favorable Report

Yea 16      Nay 0